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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF MINNESOTA	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for	Deborah First name	First name
	example, your driver's license or passport).	K Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Dunn Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Debbie K Dunn Debbie Dunn	
	Include your married or maiden names.	Deb Dunn Debby Dunn	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0817	

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Case number (if known)

Debtor 1 Deborah K Dunn

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 5324 Fairview Rd. **Baxter, MN 56425** Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code **Crow Wing** County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Deborah K Dunn

7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> ge 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptc e box.		
	choosing to file under	■ Chapter 7						
			hapter 11					
			hapter 12					
			hapter 13					
			·					
В.	How you will pay the fee		about how yo	u may pay. Typical attorney is submitti	ly, if you are paying the fee yo	k with the clerk's office in your local court for more detourself, you may pay with cash, cashier's check, or moalf, your attorney may pay with a credit card or check		
					nents. If you choose this option	on, sign and attach the Application for Individuals to Pa		
			I request tha	t my fee be waive	d (You may request this option	n only if you are filing for Chapter 7. By law, a judge m		
						our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill		
						cial Form 103B) and file it with your petition.		
9.	Have you filed for bankruptcy within the	■ No						
	last 8 years?	☐ Ye						
			District			Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No)					
	cases pending or being filed by a spouse who is	☐ Ye	s.					
	not filing this case with you, or by a business partner, or by an affiliate?							
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
		■ N.	Go to I	ne 12.				
11.	Do you rent your residence?	■ No						
l1.	Do you rent your residence?	■ No	s. Has yo	ur landlord obtaine	d an eviction judgment agains	st you?		
11.			es. Has yo	ur landlord obtaine No. Go to line 12.	d an eviction judgment agains	st you?		

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Debtor 1	Deborah K Dunn		Case number (if known)	

art	Report About Any Bu	sinesses	You Own	as a Sole Proprieto	r		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of busin	ess		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any			
	If you have more than one sole proprietorship, use a separate sheet and attach		Numbe	lumber, Street, City, State & ZIP Code			
	it to this petition.		Check		to describe your business:		
				Health Care Busine	ss (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real E	state (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as def	ined in 11 U.S.C. § 101(53A))		
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))		
				None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadlines operation	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriates. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the process. S.C. 1116(1)(B).				
	For a definition of small	■ No.	I am n	ot filing under Chapte	er 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fil Code.	ing under Chapter 11	1, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am fil	ing under Chapter 11	1 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Part	A: Report if You Own or	Have Any	Hazardo	is Property or Any	Property That Needs Immediate Attention		
	Do you own or have any		· iazai ao	ao i roporty or 7my	Toporty That Reede Hillingalate Attention		
	property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is t	ne hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	Number, Street, City, State & Zip Code		
				·	, , , , , , , , , , , , , , , , , , ,		

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Debtor 1 Deborah K Dunn

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 63 Case number (if known) Debtor 1 Deborah K Dunn **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ■ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Deborah K Dunn Signature of Debtor 2 Deborah K Dunn Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on April 19, 2019

MM / DD / YYYY

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Debtor 1 Deborah K Dunn Page 7 01 03 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Edward R. Shaw	Date	April 19, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Edward R. Shaw 0262912		
Printed name		
Eward R. Shaw, P.A.		
Firm name		
722 South 6th Street		
Brainerd, MN 56401		
Number, Street, City, State & ZIP Code		
Contact phone 218.825.7030	Email address	cathy@edshawlaw.com
0262912 MN		
Bar number & State		

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			FAUE O ULOS	
Fill in this infor	mation to identify your	case:		
Debtor 1	Deborah K Dunn			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number				
(if known)				☐ Check if this is
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Schedule A/B: Property (Official Form 106A/B)		of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	\$	142,850.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	21,459.04
1c. Copy line 63, Total of all property on Schedule A/B	\$	164,309.04
2: Summarize Your Liabilities		
		abilities t you owe
	\$	342,638.85
	\$	1,311.04
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,272.21
Your total liabilities	\$	378,222.10
3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,793.47
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,117.49
4: Answer These Questions for Administrative and Statistical Records		
	r other sch	nedules.
■ Yes What kind of debt do you have?		
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	\$	3,505.69
	1 -	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,311.04
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,311.04

Debto Debto (Spous United Case	or 1 <u>I</u> or 2	on to identify Deborah K D		Document is filing:	Page 10 of 63			
Debto (Spous United Case	or 2 se, if filing)							
(Spous United Case	or 2 se, if filing)	First Name	Middle					
(Spous United Case	se, if filing)			e Name	Last Name			
Case	ed States Bankru	irst Name	Middle	e Name	Last Name			
Case		intev Court for	the: DISTRICT	OF MINNESOTA				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_	
-	number							Check if this is an amended filing
	icial Form		-					
<u>SCI</u>	hedule .	A/B: Pi	operty					12/15
	you own or have No. Go to Part 2. Yes. Where is the		uitable interest in a	any residence, buildin	g, land, or similar property?			
_	5324 Fairview Street address, if ava		cription	Single-famil	rty? Check all that apply y home ulti-unit building		secured cla	or exemptions. Put ims on Schedule D: ecured by Property.
				Condominiu	m or cooperative			
					ed or mobile home	Current value of the	ne Cı	irrent value of the
_	Baxter	MN	56425-0000	Land		entire property? \$285,700	•	ortion you own? \$142,850.00
,	City	State	ZIP Code	☐ Investment ☐ Timeshare	ргорепу			. ,
				Other		(such as fee simple	le, tenancy	ownership interest by the entireties, or
				_	est in the property? Check one	a life estate), if kno	own.	
1	Crow Wing			☐ Debtor 1 on	•	-		
_	County				d Debtor 2 only			
				At least one	of the debtors and another	Check if this in (see instructions)		nity property
				Other information property identification	you wish to add about this iter	n, such as local		
				Legal Descript				
					w Wing County, Minneso	ota		
				Lot Thirteen (1	13),Sears White Sand Sh	ores		
				together with	all hereditaments and ap	onuirtenances h	elonging	thereto
				subject to the	following exceptions: Declarations, Covenant			

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......

\$142,850.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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Case number (if known) Document

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **Passat** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Volkswagon Model: ■ Debtor 1 only Creditors Who Have Claims Secured by Property. 2015 Year: Debtor 2 only Current value of the Current value of the 37,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another VIN#: 1VWBS7A32FC060709 \$9,796.00 \$9,796.00 Location: 6582 157th St. W, ☐ Check if this is community property (see instructions) Apple Valley, MN 55124 Do not deduct secured claims or exemptions. Put **VOLK** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **4D PKM** Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2008 Debtor 2 only Year: Current value of the Current value of the 110.000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only At least one of the debtors and another Other information: VIN: WVWAK73CX8P128908 \$2,650.00 \$2,650.00 Location: 5324 Fairview Rd., ☐ Check if this is community property (see instructions) Baxter MN 56425 Do not deduct secured claims or exemptions. Put Mazda 3.3 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: RX8 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2010 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 85.000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another VIN:JM1FE1C48A0403869 \$5,529.00 \$2,764.50 Location: 5324 Fairview Rd.. ☐ Check if this is community property (see instructions) Baxter MN 56425 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories □ No Yes Make: Kawasaki Who has an interest in the property? Check one Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: 800SX-R Debtor 1 only Creditors Who Have Claims Secured by Property. Model: 2003 Year: Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Stand up jet ski; value based \$700.00 \$700.00 ☐ Check if this is community property (see instructions) on current condition (poor) private party sale Location: 5324 Fairview Rd., Baxter MN 56425

Official Form 106A/B Schedule A/B: Property page 2

Debtor 1

Deborah K Dunn

	,	Jase 19-50324 Doc.	Document Page 12 of 63	19 12.14.22	esc Main
Debte	or 1 <u></u>	eborah K Dunn	Case Case Case Case Case Case Case Case	se number (if known)	
4.2	Make:	Kawasaki	Who has an interest in the property? Check one		I claims or exemptions. Put ured claims on Schedule D:
	Model:	STX-12F	Debtor 1 only		Claims Secured by Property.
	Year:	2003	Debtor 2 only	Current value of the	Current value of the
			Debtor 1 and Debtor 2 only	entire property?	portion you own?
		formation:	At least one of the debtors and another	4000.00	4000.00
	currer party		☐ Check if this is community property (see instructions)	\$600.00	\$600.00
		on: 5324 Fairview Rd., r MN 56425			
			vn for all of your entries from Part 2, including an that number here		\$16,510.50
		be Your Personal and Household It			
			terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
Ex		goods and furnishings Major appliances, furniture, linens	s, china, kitchenware		
	Yes. De	escribe			
		Γ 			
			ds and furnishings Fairview Rd., Baxter MN 56425		\$1,000.00
		Location. 5324	rail view Ru., Baxter Win 30423		Ψ1,000.00
Ex	No		leo, stereo, and digital equipment; computers, printer nedia players, games	s, scanners; music colle	ctions; electronic devices
		Electronics Location: 5324	Fairview Rd., Baxter MN 56425		\$250.00
E)	<i>camples:</i> No	s of value Antiques and figurines; paintings, other collections, memorabilia, co	prints, or other artwork; books, pictures, or other art ollectibles	objects; stamp, coin, or	baseball card collections;
Ex		for sports and hobbies Sports, photographic, exercise, and musical instruments	nd other hobby equipment; bicycles, pool tables, golf	clubs, skis; canoes and	kayaks; carpentry tools;
		escribe			
	i rearms E <i>xampl</i> es No	: Pistols, rifles, shotguns, ammun	ition, and related equipment		
	Yes. De	escribe			
E	lothes Examples No	: Everyday clothes, furs, leather c	oats, designer wear, shoes, accessories		
	Yes. De	escribe			

Official Form 106A/B Schedule A/B: Property page 3

		checking acct #:	Brainerd Savings & Lo	on Dobtor's marital	
□No			s; certificates of deposit; share h the same institution, list each Institution name:		ouses, and other similar
	sits of money			possession	\$6.00
				Cash in Debtor's	
□ No		n your wallet, in your home	, in a safe deposit box, and on	hand when you file your petition	on
Do you ov	wn or have any legal o	r equitable interest in any	y of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	escribe Your Financial As				
15. Add		of your entries from Part	3, including any entries for p	ages you have attached	\$1,951.00
	ther personal and hou	sehold items you did not	already list, including any he	ealth aids you did not list	
		se pets-(2) cats, (1) do ation: 5324 Fairview R			\$1.00
□ No	pples: Dogs, cats, birds, l	norses			
	arm animals	h			
		relry ation: 5324 Fairview R	d., Baxter MN 56425		\$500.00
□ No		costume jewelry, engagem	nent rings, wedding rings, heirlo	om jewelry, watches, gems, g	old, silver
		ution: 002+1 un viow it	idi, Buxtor iliit 00420		<u> </u>
		thing ation: 5324 Fairview R	d Baxter MN 56425		\$200.00
Debtor 1	Deborah K Dunn	Doo	cument Page 13 c	o4/19/19 12.14.22 of 63 Case number (if known)	
	Case 19-5032		04/19/19 Entered	04/19/19 12:14:22	Desc Main

17.3. Savings acct 9809 **Affinity Plus** \$299.11

Official Form 106A/B

Optum Bank

\$555.75

Health Savings 17.2. Acct#: 502310347

			324 Doc 1	Filed 04/19/19 Document	Entered 04/19/19 12:14:22 Page 14 of 63	Desc Main
D	ebtor 1	Deborah K Dun	n		Case number (if known)	
18.	Exam _l ■ No	·	estment accounts w	ith brokerage firms, mon	ey market accounts	
	☐ Yes		Institution or is	ssuer name.		
19.	joint v ■ No	ublicly traded stock renture Give specific informa			orporated businesses, including an interes % of ownership:	t in an LLC, partnership, and
20.	Negoti Non-n ■ No	<i>iable instrument</i> s incl	ude personal check s are those you canr		egotiable instruments missory notes, and money orders. by signing or delivering them.	
21.		ment or pension accodes: Interests in IRA,		1(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
	Yes.	List each account se T	parately. Type of account:	Institution n	ame:	
		4	l01(k)	Alpha Ba	king CO Inc & SUB P/S PLAN	\$157.3
22.	Your s Examp ■ No		posits you have ma	rent, public utilities (elec	tinue service or use from a company ctric, gas, water), telecommunications compar	nies, or others
23.	Annuit	ies (A contract for a p	periodic payment of	money to you, either for	r life or for a number of years)	
	☐ Yes	Issuer	name and descripti	ion.		
24.		ts in an education IF C. §§ 530(b)(1), 529A		n a qualified ABLE pro	ogram, or under a qualified state tuition pro	ogram.
	☐ Yes	Institu	tion name and desc	ription. Separately file th	ne records of any interests.11 U.S.C. § 521(c):	:
25.	■ No	, equitable or future Give specific informa		rty (other than anythin	g listed in line 1), and rights or powers exe	ercisable for your benefit
26.	Patent Examp ■ No	s, copyrights, trade	marks, trade secre names, websites, p	ets, and other intellecturoceeds from royalties a	al property and licensing agreements	
27.	Licens	es, franchises, and	other general inta		n holdings, liquor licenses, professional licens	es

Official Form 106A/B Schedule A/B: Property page 5

 $\hfill \square$ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured

claims or exemptions.

Debtor 1	Case 19-50324 Deborah K Dunn	Doc 1	Filed 04/19/19 Document	Entered 04/1 Page 15 of 63	9/19 12:14:22 Case number (if known)	Desc Main
_	refunds owed to you					
□ No ■ Ye	s. Give specific information al	oout them in	cluding whether you alre	ady filed the returns an	d the tax vears	
_ 10	3. Cive specific information at	ood tricin, in	oldding whether you all c	ady filed the returns an	d the tax years	
			tor's marital portion tax refund	-Estimated 2018	Federal	\$5.00
Exai ■ No	ily support mples: Past due or lump sum s. Give specific information	,	ousal support, child supp	ort, maintenance, divor	ce settlement, property	settlement
<i>Exai</i> □ No	r amounts someone owes ymples: Unpaid wages, disabili benefits; unpaid loans s. Give specific information	ty insurance		efits, sick pay, vacatior	n pay, workers' compe	nsation, Social Security
	·	6 Uro	walkadi nat vat nais			
		Costc	worked; not yet paid o			\$75.90
			worked; not yet pai nt Sea Foods	d		\$1,145.03
Exai ■ No □ Ye	s. Name the insurance compa	any of each p pany name:	policy and list its value.	Beneficiar		Surrender or refund value:
If yo som ■ No	u are the beneficiary of a livin eone has died.				currently entitled to reco	eive property because
Exai ■ No	ns against third parties, when mples: Accidents, employments. S. Describe each claim				or payment	
	r contingent and unliquidat	ed claims of	f every nature, includin	g counterclaims of th	e debtor and rights to	set off claims
■ No	•		,	9		
■ No	financial assets you did not s. Give specific information	already list				
	d the dollar value of all of yo Part 4. Write that number h					\$2,997.54
Part 5:	Describe Any Business-Related	Property You	Own or Have an Interest	In. List any real estate in	Part 1.	
	u own or have any legal or equi	itable interest	in any business-related p	roperty?		
No.	Go to Part 6.					

Official Form 106A/B Schedule A/B: Property page 6

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Case number (if known) Document Debtor 1 Deborah K Dunn ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$142,850.00 Part 2: Total vehicles, line 5 \$16,510.50 Part 3: Total personal and household items, line 15 57. \$1,951.00 58. Part 4: Total financial assets, line 36 \$2,997.54 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$21,459.04 Copy personal property total \$21,459.04

Official Form 106A/B Schedule A/B: Property page 7

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$164,309.04

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		17(7(4)))(.1))	1 11111. 17 (7) (7.)	
Fill in this infor	mation to identify your	case:		
Debtor 1	Deborah K Dunn			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MINNESOTA		
Case number _				☐ Check if this is an
				amended filing

Official Form 106C

Part 1: Identify the Property You Claim as Exempt

VIN:JM1FE1C48A0403869

Line from Schedule A/B: 3.3

Line from Schedule A/B: 4.1

MN 56425

Location: 5324 Fairview Rd., Baxter

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	2010 Mazda RX8 85,000 miles	\$2.764.50	■ \$1.00	11 U.S.C. § 522(d)(5)					
	2008 VOLK 4D PKM 110,000 miles VIN: WVWAK73CX8P128908 Location: 5324 Fairview Rd., Baxter MN 56425 Line from <i>Schedule A/B</i> : 3.2	\$2,650.00	\$2,650.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)					
		Copy the value from Schedule A/B	Check only one box for each exemption.						
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption					
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
	☐ You are claiming state and federal nonbar	kruptcy exemptions.	11 U.S.C. § 522(b)(3)						
1.	. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.								

100% of fair market value, up to

any applicable statutory limit

2003 Kawasaki 800SX-R	\$700.00		\$700.00	11 U.S.C. § 522(d)(5)
Stand up jet ski; value based on current condition (poor) private party sale Location: 5324 Fairview Rd., Baxter MN 56425	Ψ/00.00	_	100% of fair market value, up to any applicable statutory limit	

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B		ount of the exemption you claim	Specific laws that allow exemption
2003 Kawasaki STX-12F Sit down jet ski; value based on	\$600.00	•	\$600.00	11 U.S.C. § 522(d)(5)
current condition; poor; private party sale			100% of fair market value, up to any applicable statutory limit	
Location: 5324 Fairview Rd., Baxter MN 56425 Line from <i>Schedule A/B</i> : 4.2				
Household goods and furnishings Location: 5324 Fairview Rd., Baxter	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
MN 56425 Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Electronics Location: 5324 Fairview Rd., Baxter	\$250.00		\$250.00	11 U.S.C. § 522(d)(3)
MN 56425 Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Clothing Location: 5324 Fairview Rd., Baxter	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)
MN 56425 Line from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
Jewelry Location: 5324 Fairview Rd., Baxter	\$500.00		\$500.00	11 U.S.C. § 522(d)(4)
MN 56425 Line from <i>Schedule A/B</i> : 12.1			100% of fair market value, up to any applicable statutory limit	
house pets-(2) cats, (1) dog, (3 birds) Location: 5324 Fairview Rd., Baxter	\$1.00		\$1.00	11 U.S.C. § 522(d)(5)
MN 56425 Line from Schedule A/B: 13.1			100% of fair market value, up to any applicable statutory limit	
Cash in Debtor's possession	\$6.00		\$6.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 16.1			100% of fair market value, up to any applicable statutory limit	
checking acct #: 5504: Brainerd Savings & Loan-Debtor's marital	\$753.44		\$753.44	11 U.S.C. § 522(d)(5)
portion Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
Health Savings Acct#: 502310347: Optum Bank	\$555.75		\$555.75	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit	
Savings acct 9809: Affinity Plus Line from Schedule A/B: 17.3	\$299.11		\$299.11	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
401(k): Alpha Baking CO Inc & SUB P/S PLAN	\$157.31		\$157.31	11 U.S.C. § 522(d)(12)
Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Federal: Debtor's marital portion-Estimated 2018 tax refund	\$5.00		\$5.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
6 Hrs worked; not yet paid Costco	\$75.90	•	\$75.90	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 30.1			100% of fair market value, up to any applicable statutory limit	
67 hrs worked; not yet paid Trident Sea Foods	\$1,145.03		\$1,145.03	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 30.2			100% of fair market value, up to any applicable statutory limit	

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Casa 10-50324 Filed 04/10/10 Entered 04/10/10 12:14:22

	Cas	56 13-30324	Document		1 04/13/13 12.1	14.22 DE3C IV	iaiii
	in this inform	ation to identify you	Document	Page 20	01.03		
HIII	in this inform	ation to identify you	r case:				
Deb	tor 1	Deborah K Duni	n				
		First Name	Middle Name	Last Name			
	tor 2 use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Ban	kruptcy Court for the:	DISTRICT OF MINNESOTA				
Cas (if knd	e number					Charle	if their in our
(11 1411	,,						if this is an ed filing
						amend	ed ming
Offi	cial Form	106D					
			Who Have Claims	Sacurad	by Proporty	,	40/45
<u> </u>	nedule i	D. Creditors	Who Have Claims	secured	by Property	<u>/</u>	12/15
is nee			If two married people are filing togethe out, number the entries, and attach it t				
	,	nave claims secured by	vour property?				
	_	_		aabadulaa Va	hava nathina alaa ta	ranart an thia farm	
	_		nis form to the court with your other	scriedules. 10	u nave nothing else to	report on this form.	
	Yes. Fill in	all of the information I	below.				
Part	1: List All	Secured Claims					
2. Li	st all secured c	laims. If a creditor has r	more than one secured claim, list the cred	ditor separately	Column A	Column B	Column C
			a particular claim, list the other creditors in Part 2. cal order according to the creditor's name.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1	Affinity Plu	ıs Fed. Cred					
2.1	Un.		Describe the property that secures t	he claim:	\$6,641.00	\$7,555.00	\$0.00
	Creditor's Name		2012 GMC Terrain 84,000 mil VIN:	les			
		ayette Frontage	As of the date you file, the claim is:	Check all that			
	Rd	MAN 55407	apply.	onoon an inac			
		, MN 55107	Contingent				
	Number, Street,	City, State & Zip Code	☐ Unliquidated				
Who	owes the deb	at2 Chaok and	Disputed Nature of lien. Check all that apply.				
_		A: CHECK OHE.	_	mortagas or o	urad		
_	ebtor 1 only			nongage or sect	irea		
	ebtor 2 only	-t 0 l.	_	de andala Pro A			
_	ebtor 1 and Deb	otor 2 only e debtors and another	☐ Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit	manic's lien)			
^	it icast one of the	e debiolo alla allolliel	Judgment hen nom a lawsuit				

Purchase Money Security

XXXX

 \square Check if this claim relates to a

Date debt was incurred 05/2013

community debt

Other (including a right to offset)

Last 4 digits of account number

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Debt	tor 1 Deborah K Dunn		Case number (if known)		
	First Name Middle N	ame Last Name			
	Mazda Capital Services /				
2.2	Chase	Describe the property that secures the claim:	\$6,050.01	\$5,529.00	\$521.01
	Creditor's Name	2010 Mazda RX8 85,000 miles VIN:JM1FE1C48A0403869			
		Location: 5324 Fairview Rd., Baxter MN 56425			
	DO D 70000	As of the date you file, the claim is: Check all that			
	PO Box 78232	apply.			
	Phoenix, AZ 85062-8232	Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ D	ebtor 1 only	☐ An agreement you made (such as mortgage or	secured		
□D	ebtor 2 only	car loan)			
☐ D	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	t least one of the debtors and another	☐ Judgment lien from a lawsuit			
	check if this claim relates to a community debt	Other (including a right to offset) Purchase	e Money Security		
Date	debt was incurred ??	Last 4 digits of account number 250	0		
	10				
2.3	Specialized Loan	Describe the property that secures the claim:	\$313,091.00	\$285,700.00	\$27,391.00
	Servicing LLC Creditor's Name	5324 Fairview Rd Baxter, MN 56425	1		
		Crow Wing County			
		Legal Description:			
		(Abstact) Crow Wing County,			
		Minnesota			
		Lot Thirteen (13),Sears White Sand Shores			
		together with all hereditaments and			
		appuirtenances belonging thereto, subject to			
	DO D	As of the date you file, the claim is: Check all that			
	PO Box 636007	apply.			
	Littleton, CO 80163-6007	Contingent			
	Number, Street, City, State & Zip Code	☐ Unliquidated			
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	Debtor 1 only Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured		
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
■ A	t least one of the debtors and another	☐ Judgment lien from a lawsuit			
□с	check if this claim relates to a community debt	Other (including a right to offset) Purchase	e Money Security		
Date	debt was incurred 03/2019	Last 4 digits of account number 417	9		

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Debtor 1 Deborah K Dunn			Case number (if known)				
First Name	Middle Name	Last Name					
2.4 Volkswagon Cree	dit Describe the pr	operty that secures the claim:	\$16,856.84	\$9,796.00	\$7,060.84		
Creditor's Name PO Box 5215	miles VIN#: 1VWB Location: 65 Valley, MN 5				,		
Carol Stream, IL 60197-5215	apply. ☐ Contingent	ou file, the claim is: Check all tha	at				
Number, Street, City, State	& Zip Code Unliquidated						
Who owes the debt? Chec	☐ Disputed Nature of lien.	Check all that apply.					
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreemer car loan)	nt you made (such as mortgage o	or secured				
☐ Debtor 1 and Debtor 2 on ☐ At least one of the debtors		n (such as tax lien, mechanic's lie	n)				
Check if this claim relate community debt	_		se Money Security				
Date debt was incurred 0	1/2017 Last 4 di	igits of account number 57	06				
If this is the last page of y	ur entries in Column A on this _l our form, add the dollar value t	_	\$342,638.85	1			
Write that number here:			\$342,638.85				
Use this page only if you hat trying to collect from you fo	r a debt you owe to someone e the debts that you listed in Par	your bankruptcy for a debt that else, list the creditor in Part 1, a	you already listed in Part 1. For e nd then list the collection agency here. If you do not have addition	here. Similarly, if yo	u have more		
Name, Number, Stree	r, City, State & Zip Code	On	which line in Part 1 did you enter th	e creditor? 2.3			
PO Box 77404 Ewing, NJ 08628	1	La	st 4 digits of account number020	3_			
Name, Number, Stree Volkswagon Cre 22823 NW Benne Hillsboro, OR 97	ett St.		which line in Part 1 did you enter th	e creditor? 2.4			
Name, Number, Stree Volkswagon Cre 1401 Franklin Bl			which line in Part 1 did you enter th				
Libertyville, IL 6	0048			<u> </u>			

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Fill in	this informa	ation to identify your	case:	Document	Paue	7.5 UL 0	.3		
Debto	or 1	Deborah K Dunn							
D-64-	0	First Name	Midd	le Name	Last Name	9			
Debto (Spous	or 2 e if, filing)	First Name	Midd	le Name	Last Name	9			
Unite	d States Bank	cruptcy Court for the:	DISTRIC	T OF MINNESOTA					
Case (if know	number							_	if this is an ed filing
⊃ tt: c	ial Farm	106E/E						amend	od ming
	cial Form	<u>ਾਰਰ⊏/⊢</u> F: Creditors W	lha Hav	o Uncopured	Claim	_			12/15
Be as on the second sec	complete and a ecutory contra ule G: Executo ule D: Creditor tach the Contin and case numb	accurate as possible. Us cts or unexpired leases ry Contracts and Unexp s Who Have Claims Secuation Page to this pager (if known).	e Part 1 for that could i ired Leases ured by Pro e. If you ha	creditors with PRIORIT result in a claim. Also li (Official Form 106G). D perty. If more space is a ve no information to rep	Y claims and ist executo not included to the continuity of the con	nd Part 2 for ry contracts ide any cred py the Part	s on Schedule A/B: F litors with partially s you need, fill it out, I	Property (Official Form secured claims that a number the entries in	st the other party to n 106A/B) and on re listed in the boxes on the
Part 1	1: List All	of Your PRIORITY Un	secured C	Claims					
_	_	s have priority unsecure	d claims ag	ainst you?					
	No. Go to Par	t 2.							
	Yes.								
id po	entify what type ossible, list the o	riority unsecured claims of claim it is. If a claim ha claims in alphabetical orde an one creditor holds a pa	as both priori er according	ty and nonpriority amount to the creditor's name. If	ts, list that o	laim here an	d show both priority a	nd nonpriority amount	s. As much as
(F	or an explanation	on of each type of claim, s	see the instru	uctions for this form in the	instruction	booklet.)	Total claim	Priority amount	Nonpriority amount
2.1	Crow Wir	ng County Land Sv	cs	Last 4 digits of accoun	nt number		Unknown	Unknown	Unknown
	Priority Cred	itor's Name		When was the debt in	curred?			-	
		MN 56401						=	
,		eet City State Zip Code: the debt? Check one.		As of the date you file	, the claim	is: Check al	I that apply		
	■ Debtor 1 onli			☐ Contingent					
_	_	•		☐ Unliquidated					
	Debtor 2 onl	•		☐ Disputed		•			
	Debtor 1 and	d Debtor 2 only		Type of PRIORITY uns		im:			
ı	At least one	of the debtors and anothe	er	Domestic support of	Ü				
ı	Check if thi	s claim is for a commur	nity debt	Taxes and certain or		•	•		
	_	bject to offset?		Claims for death or p		-			
	■ No □ Yes			Other. Specify					
	Li res								
2.2	Internal F	Revenue Service		Last 4 digits of accoun	nt number	2657	\$789.04	\$789.04	\$0.00
	Priority Cred PO Box 7	'346		When was the debt in	curred?	2016			
	Philadelp	ohia, PA 19101-7346 et City State Zip Code	6	As of the date you file	the claim	ie: Chaak al	I that apply		
,		the debt? Check one.		☐ Contingent	, tile Claiiii	is. Check an	і шасарріу		
ı	Debtor 1 onl	V							
	Debtor 2 onl	•		☐ Unliquidated					
	Debtor 1 and	-		☐ Disputed Type of PRIORITY uns	secured cla	im·			
_	_	•	_	Domestic support of					
		of the debtors and anothe		• •	_				
		s claim is for a commur	nity debt	Taxes and certain or	-	-	-		
_	Is the claim sul ■ No	bject to offset?		Claims for death or	personal inj	ury wniie you	were intoxicated		
	■ No □ Yes			Other. Specify	st due ta	1705			
				1 0		~~~~			

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Page 24 of 63 Case number (if known) Debtor 1 Deborah K Dunn 2.3 \$522.00 \$0.00 MN Dept. of Revenue Last 4 digits of account number 2657 \$522.00 Priority Creditor's Name PO Box 64054 When was the debt incurred? 2017 Saint Paul, MN 55164-0054 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ☐ Contingent Debtor 1 only □ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt lacksquare Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes Past due taxes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim 4.1 **Brainerd Medical Supply** \$45.00 Last 4 digits of account number 0504 Nonpriority Creditor's Name 206 West Washington St. When was the debt incurred? 08/2018 Brainerd, MN 56401 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Medical

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Case number (if known)

Debtor 1 Deborah K Dunn 4.2 \$3,171.58 **Capital One Bank** Last 4 digits of account number 0591 Nonpriority Creditor's Name PO Box 30285 When was the debt incurred? 2013-2018 Salt Lake City, UT 84130 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 Central Lakes Ins. Bkrs Last 4 digits of account number 6331 \$1,339.67 Nonpriority Creditor's Name 4820 W 77th When was the debt incurred? 02/15/2019 Minneapolis, MN 55435 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Homeowners Insurance Agency** Other. Specify 4.4 **CHASE Cardmember Services** Last 4 digits of account number 4692 \$4,946.00 Nonpriority Creditor's Name PO Box 6294 When was the debt incurred? 2018 Carol Stream, IL 60197-6294 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Deborah K Dunn ase number (if known) 4.5 \$7,829.05 Citi Cards-Costco Last 4 digits of account number 4608 Nonpriority Creditor's Name PO Box 9001016 When was the debt incurred? 2016-2018 Louisville, KY 40290-1016 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.6 Comenity - Herberger's Last 4 digits of account number 0046 \$1,295.51 Nonpriority Creditor's Name Bankruptcy Dept. When was the debt incurred? 2013-2018 PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.7 **Essentia Health** \$6,098.71 Last 4 digits of account number 3989 Nonpriority Creditor's Name PO Box 64618 When was the debt incurred? 04/2018 Saint Paul, MN 55164-0618 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes

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Deboran K Dunn	Case number (if known)	
Kohl's Pmt Center	Last 4 digits of account number 4554	\$2,353.06
Nonpriority Creditor's Name PO Box 2983 Milwaukee, WI 53201-2983	When was the debt incurred? 2013-2018	<u></u>
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did n report as priority claims	ot
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Credit Card	
Lakewood Health System	Last 4 digits of account number	\$4,618.20
Nonpriority Creditor's Name 49725 County 83 PO Box 130	When was the debt incurred?	
Staples, MN 56479-0130 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did n report as priority claims	not
No	Debts to pension or profit-sharing plans, and other similar debts	
■ No □ Yes	Other. Specify Medical services	
		_
Northern Orthopedics, LTD. Nonpriority Creditor's Name	Last 4 digits of account number 4890	\$37.07
2014 S 6th St Brainerd, MN 56401	When was the debt incurred? 04/2018	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did n report as priority claims	ot
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Medical	

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Debtor 1 Deborah K Dunn Case number (if known) 4.1 **Publishers Clearing House** 5488 \$20.94 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6343 When was the debt incurred? Harlan, IA 51593-1843 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Magazine Subscription ☐ Yes 4.1 SYNC/HOME DEPOT/CE/APPL 3459 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965036 When was the debt incurred? 2017 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 SYNC/MUSICIANS FRIENDS 2052 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 965036 When was the debt incurred? 2013 Orlando, FL 32896 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

Official Form 106 E/F

☐ Yes

■ Other. Specify Credit Card

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SYNCB/NAUTILUS	Last 4 digits of account number	2052	\$0.00
Nonpriority Creditor's Name PO Box 965036 Octobride El 23206	When was the debt incurred?	2016	
Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	■ Other. Specify Charge Car		
Synchrony Bank/Discount Tires	Last 4 digits of account number	4052	\$1,418.27
Nonpriority Creditor's Name			* 1, 11 21 21
Attn: Bankruptcy Dept. PO Box 965061	When was the debt incurred?	2017	
Orlando, FL 32896-5061 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.	•	,	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
Synchrony Bank/Walmart	Last 4 digits of account number	6804	\$1,099.15
Nonpriority Creditor's Name PO Box 530927	When was the debt incurred?	03/2018	
Atlanta, GA 30353-0927 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.	,		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	Debts to pension or profit-sharing	• •	
☐ Yes	■ Other. Specify Credit Card	I	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Deborah K Dunn		Case number (if known)				
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?				
Alltran Health Inc.	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 519		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Sauk Rapids, MN 56379	Last 4 digits of account number	0410				
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?				
Citibank	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 6190 Sioux Falls, SD 57117		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Cloux Falls, OD 07 FF7	Last 4 digits of account number	4608				
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?					
Collection Resources	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
2700 1st St North, Ste 303 P.O. Box 2270		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Saint Cloud, MN 56302-2270						
·	Last 4 digits of account number	502				
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?				
Credit Adjustments Inc.	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 807 Defiance, OH 43512		■ Part 2: Creditors with Nonpriority Unsecured Claims				
behance, ori 40012	Last 4 digits of account number	0301				
Name and Address	On which entry in Part 1 or Part 2 did y	ou list the original creditor?				
DS Erickson & Associates	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
920 Second Ave S., Suite 800 Minneapolis, MN 55402		Part 2: Creditors with Nonpriority Unsecured Claims				
	Last 4 digits of account number	7450				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

					Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total					
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	1,311.04
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
		· ,		*	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,311.04
		-			
					Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	60	\$	0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	· -	
				\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	34,272.21
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	34,272.21
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	34,272.21

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			II FAUE 21 OLOS	
Fill in this infor	mation to identify your	case:		
Debtor 1	Deborah K Dunn			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MINNESO	DTA	
Case number (if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit	h whom you have the cer, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	· ·				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	Jity		Olalo	211 0000	

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		Docume	nt Page 32 of 63	
Fill in th	is information to identify your	case:		
Debtor 1	Deborah K Dunn First Name	Middle Name	Last Name	_
Debtor 2		Wildale Name	Last Name	
(Spouse if,		Middle Name	Last Name	_
United S	States Bankruptcy Court for the:	DISTRICT OF MINNES	ATC	
Ormod C	nated Barmaptoy Court for the			_
Case nu	mber			
(if known)				☐ Check if this is an
				amended filing
O.(1.5			
Offici	al Form 106H			
Sche	dule H: Your Cod	ebtors		12/15
people a	re filing together, both are equ	ally responsible for supp boxes on the left. Attach	the Additional Page to this page. On t	e is needed, copy the Additional Page,
1. D	o you have any codebtors? (If	you are filing a joint case, o	do not list either spouse as a codebtor.	
	lo			
■ Y	'es			
•				
			operty state or territory? (Community p. erto Rico, Texas, Washington, and Wisco	
■ N	lo. Go to line 3.			
_	es. Did your spouse, former spo	use or legal equivalent live	with you at the time?	
	cs. Dia your spouse, former spor	use, or legal equivalent live	with you at the time:	
in li Fori	ne 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make sure you have lis	s filing with you. List the person shown sted the creditor on Schedule D (Official ule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		he creditor to whom you owe the debt hedules that apply:
			o.i.ook dii ool	app.y.
2 1	Brian Dunn			
3.1	Brian Dunn 814 Quince St		Schedule	
	Brainerd, MN 56401			e E/F, line
	Parties are currently sepa	rated-will be divorcing	☐ Schedule	
	· a a. · ca ca		Specialized	d Loan Servicing LLC
3.2	Dominic P Dunn		☐ Schedule	e D, line
	6582-157th St W		■ Schedule	e E/F, line 4.4
	Saint Paul, MN 55124		☐ Schedule	
			CHASE Ca	rdmember Services

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Fill	in this information to identify yo	ur case:		
De	btor 1 Deborah	K Dunn		_
1 -	btor 2 ouse, if filing)			-
Un	ited States Bankruptcy Court for	the: DISTRICT OF MINNE	SOTA	_
(If k	se number nown)	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:		
	fficial Form 106l			MM / DD/ YYYY
S	chedule I: Your Ir	ncome		12/1:
	rt 1: Describe Employment information.		Debtor 1	and case number (if known). Answer every question Debtor 2 or non-filing spouse
			■ Employed	■ Employed
	If you have more than one job attach a separate page with information about additional	Employment status	☐ Not employed	□ Not employed
	employers.	Occupation	Packaging	
	Include part-time, seasonal, o self-employed work.	r Employer's name	Trident Seafoods	
	Occupation may include stude or homemaker, if it applies.	ent Employer's address	1348 US-10 Motley, MN 56466	
		How long employed t	here? 5 yrs	
Pa	rt 2: Give Details About	Monthly Income		
Est		•	you have nothing to report for a	ny line, write \$0 in the space. Include your non-filing
If vo	ou or your non-filing spouse have	e more than one emplover. c	ombine the information for all e	nployers for that person on the lines below. If you need
•	re space, attach a separate shee			
				For Debtor 1 For Debtor 2 or

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

			non-filir	ng spouse
2.	\$	2,791.90	\$	0.00
3.	+\$	555.28	+\$	0.00
4.	\$	3,347.18	\$	0.00

Schedule I: Your Income Official Form 106I page 1

Debt	or 1	Deborah K Dunn	-		Cas	se number (if known)				
					F	or Debtor 1	F	or Debtor 2	2 or	
					. `	or Deptor 1		on-filing s		
	Cop	by line 4 here	4		\$	3,347.18	\$	J -1	0.00	
_							_			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	563.17	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5	b.	\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5	C.	\$	0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5	d.	\$	0.00	\$		0.00	
	5e.	Insurance	5	e.	\$	0.00	\$		0.00	
	5f.	Domestic support obligations	5	f.	\$	0.00	\$		0.00	
	5g.	Union dues	5	g.	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify: PPO EE & Fam	5	h.+	\$	329.25	+ \$		0.00	
		PPO EE & Fam arrears	_		\$	4.18	\$		0.00	
		SP Prem			\$	137.50	\$		0.00	
		SP Prem arrears	_		\$	12.50	\$		0.00	
		HSA Fam	_		\$	366.67	\$		0.00	
		HSA Fam arrears	_		\$	33.32	\$		0.00	
		Den Pre	_		\$	33.32	\$		0.00	
		Den Pre arrears			\$	6.67	\$		0.00	
		STD			\$	54.97	\$		0.00	
		Accident			\$	12.16	\$		0.00	
6.	Δdc	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6		\$	1,553.71	\$		0.00	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7		\$	1,793.47	\$		0.00	
8.		all other income regularly received:	•	•	Ψ.	1,7 33.47	Ψ-		0.00	
	8a.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8	a.	\$	0.00	\$		0.00	
	8b.	Interest and dividends		b.	\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive					-			
		Include alimony, spousal support, child support, maintenance, divorce	_		Φ	0.00	Φ.		0.00	
	0-1	settlement, and property settlement.		C.	\$	0.00	\$_		0.00	
	8d.	Unemployment compensation		d.	\$	0.00	\$ \$		0.00	
	8e.	Social Security	0	e.	\$	0.00	Φ_		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8	f.	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	_	g.	\$	0.00	\$		0.00	
	8h.	Other monthly income. Specify:		ց. h.+	٠.	0.00			0.00	
9.		d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	_	Γ	\$	0.00	\$		0.00	
10			10.	\$				0.00		1,793.47
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ.		1,793.47 + \$		0.00	= \$	1,793.47
	Auu	The entires in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.								
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	dep			•	-			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certainlies						12.	· 	1,793.47
									Combine	ed

monthly income

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Debtor 1	Deborah K Dur	ın	Case number (if known)	
13. Do	you expect an inci	rease or decrease within the year after you file this form?		
	Yes. Explain:			

Official Form 106I Schedule I: Your Income page 3

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Fill	in thi <u>s inform</u> a	ation to identify yo	our case:					
	Deborah K Dunn					Check if this is: An amended filing		
	tor 2 ouse, if filing)						ving postpetition chapter the following date:	
United States Bankruptcy Court for the: DISTRICT OF MINNESOTA						_	MM / DD / YYYY	—————
Unit	eu States Bank	rupicy Court for the	. DISTRI	CT OF WIINNESOTA		'	VIIVI / DD / TTTT	
	e number nown)							
		orm 106J						
		J: Your						12/15
info	ormation. If m		eded, atta	If two married people ar ch another sheet to this n.				
Par	t 1: Desci	ribe Your House	hold					
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?							
		lo	•	al Form 106J-2, <i>Expense</i> s	for Separate House	<i>hold</i> of Debt	or 2.	
2.	Do you have dependents? ■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes
								□ No □ Yes
								□ No
								☐ Yes
								□ No
3.	Do your ox	noneae includa	_					☐ Yes
ა.	expenses o	penses include of people other to d your depende	han ┌	No Yes				
	<u> </u>	,		_				
Est exp	imate your ex	a date after the l	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance it luded it on Schedule I: Y			Your exp	enses
•		•						
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	4. \$		750.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		erty, homeowner's				4b. \$		30.00
			•	ipkeep expenses		4c. \$		250.00
5.		owner's associat		dominium dues D ur residence, such as ho	me equity loans	4d. \$ 5. \$		0.00

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ebtor 1	Deborah K Dunn	Case num	ber (if known)	
. Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	308.00
6b.	Water, sewer, garbage collection	6b.		70.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.		376.75
6d.	Other. Specify: Monthly Internet	6d.		70.99
ou.	Cable		\$	75.00
Foo	d and housekeeping supplies		·	
	d and nousekeeping supplies dcare and children's education costs	7. 8.	*	369.00
			·	0.00
	ching, laundry, and dry cleaning	9.		89.00
	sonal care products and services	10.	·	38.00
	lical and dental expenses	11.	\$	250.00
	nsportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	500.00
	ertainment, clubs, recreation, newspapers, magazines, and books	13.		150.00
	ritable contributions and religious donations	14.	·	20.00
	rrance.	14.	Ψ	20.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	Life insurance	15a.	\$	138.75
	Health insurance	15b.		0.00
	Vehicle insurance	15b.	·	332.00
	Other insurance. Specify:	15d.	·	
	· · ·	130.	Φ	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: Past due taxes	16.	\$	50.00
	allment or lease payments:			
17a.	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify:	17c.	\$	0.00
17d.	Other. Specify:	17d.	\$	0.00
You	r payments of alimony, maintenance, and support that you did not report as			
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	· .	0.00
Othe	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.		
	er real property expenses not included in lines 4 or 5 of this form or on Scho			
20a.	Mortgages on other property	20a.	\$	0.00
	Real estate taxes	20b.	·	0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e.	Homeowner's association or condominium dues	20e.	\$	0.00
Othe	er: Specify: Pet food/care	21.	+\$	100.00
Cia	arettes		+\$	150.00
			, , , , , , , , , , , , , , , , , , ,	100.00
	culate your monthly expenses			
	Add lines 4 through 21.		\$	4,117.49
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,117.49
<u>.</u> .				•
	culate your monthly net income.		•	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	1,793.47
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	4,117.49
23c.	Subtract your monthly expenses from your monthly income.	22	¢.	2 224 02
	The result is your monthly net income.	23c.	\$	-2,324.02
For e modi	you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?			se or decrease because of a
Y	es. Lapiaiii liele.			

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Fill in this infor	mation to identify your	case:		
Debtor 1	Deborah K Dunn	MCLIII NI		
	First Name	Middle Name	Last Name	
Debtor 2	First Name	Middle News	Loot Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF MINNESOT	<u>A</u>	
Case number				
(if known)				☐ Check if this is an amended filing
You must file thi	is form whenever you f	ile bankruptcy schedules or n connection with a bankru		false statement, concealing property, or to \$250,000, or imprisonment for up to 20
Sig	n Below			
Did you pa	y or agree to pay some	one who is NOT an attorne	y to help you fill out bankruptcy	forms?
■ No				
☐ Yes. I	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	alty of perjury, I declare true and correct.	that I have read the summa	ary and schedules filed with this	s declaration and
X /s/ Del	oorah K Dunn		X	
Dahar	ah K Dunn		Signature of Debtor 2	

Date

Signature of Debtor 1

Date April 19, 2019

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Fill	in this inform	nation to identify you	r case:			
De	btor 1	Deborah K Dunn	1			
Do	htor ?	First Name	Middle Name	Last Name		
	btor 2 ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	DISTRICT OF MINNESO	TA		
Ca	se number					
	nown)				_	Check if this is an mended filing
						inlended hillig
\sim 1	:::-:-!	107				
_	ficial Fo					
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
					equally responsible for sup	
		ore space is needed, ı). Answer every ques		this form. On the top of any	additional pages, write you	ir name and case
Dα	rt 1: Give D	Actaile About Vour Ma	rital Status and Where You	Lived Refere		
1		current marital statu		Lived Belole		
١.	Wilat is your	Current mantai statu	is:			
	Married					
	☐ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. Lis	t all of the places you li	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3	Within the la	et 8 vears did vou ev	ver live with a snouse or led	ial equivalent in a commun	ity property state or territory	12 (Community property
stat					co, Texas, Washington and W	
	■ No					
	_	ke sure vou fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
		care yea car ee.				
Pa	rt 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	l amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
		in the details.				
			D. ()		D.1/	
			Debtor 1 Sources of income	Crass insams	Debtor 2	Cress income
			Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$14,813.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known) Document

Debtor 1 Deborah K Dunn

					Debtor 1		Debtor 2	
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco	
			dar year: Decembe	r 31, 2018)	■ Wages, commissions, bonuses, tips	\$18,912.00	☐ Wages, comm bonuses, tips	nissions,
					☐ Operating a business		☐ Operating a b	usiness
				efore that: r 31, 2017)	■ Wages, commissions, bonuses, tips	\$31,411.00	☐ Wages, comm bonuses, tips	nissions,
					☐ Operating a business		☐ Operating a bi	usiness
	Inclu and winn	other painings. I each s	ome rega oublic ben f you are f	rdless of wheth efit payments; illing a joint cas I the gross inco		amples of other income are a rest; dividends; money collection received together, list it of	limony; child supported from lawsuits; ronly once under Deb	
					Debtor 1		Debtor 2	
					Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco	me Gross income (before deductions and exclusions)
			dar year: Decembe	r 31, 2018)	HSA Distribution	\$6,822.44		
				efore that: r 31, 2017)	HSA Distribution	\$2,537.55		
Par	t 3:	l ist	Certain P	Payments You	Made Before You Filed for I	Bankruptcy		
· u		Liot	Ochtanii	aymonto roa	made Belore Tod Trica for I	Банктартоу		
6.	Are □	either No.	Neither [Debtor 1 nor D	s debts primarily consumer ebtor 2 has primarily consu personal, family, or househol	imer debts. Consumer debts	s are defined in 11 L	J.S.C. § 101(8) as "incurred by an
				e 90 days befo	re you filed for bankruptcy, di	d you pay any creditor a total	I of \$6,825* or more	?
			□ No.	Go to line 7				
			□ Yes	paid that cre		nts for domestic support oblig		nents and the total amount you d support and alimony. Also, do
			* Subjec	t to adjustment	on 4/01/22 and every 3 years	s after that for cases filed on	or after the date of	adjustment.
		Yes.			r both have primarily consure you filed for bankruptcy, die		I of \$600 or more?	
			■ No.	Go to line 7				
			☐ Yes	Lietheless e	each araditar to whom you pai	d a total of \$600 or more and	the total amount vo	ou paid that craditor. Do not
				include payı				so, do not include payments to an

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Debt	or 1	Deborah K Dunn	Document	Cas	e number (if known)		
/ 6	<i>nside</i> of whi	n 1 year before you filed for bankrupt ors include your relatives; any general pa ch you are an officer, director, person in ness you operate as a sole proprietor. 1	artners; relatives of any ge control, or owner of 20%	neral partners; partners or more of their voting	erships of which you g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
] [_	No 'es. List all payments to an insider.					
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
i	nside	n 1 year before you filed for bankrupt er? e payments on debts guaranteed or cos		yments or transfer a	any property on ac	count of a de	ebt that benefited an
]]	_ `	lo 'es. List all payments to an insider					
		er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
Part		Identify Legal Actions, Repossession		paid	Still Owe	molade cred	nor 3 name
i	Case	lo /es. Fill in the details. title number	Nature of the case	Court or agency		Status of th	e case
	Casc	Tullibel				☐ Pending ☐ On appe ☐ Conclud	
(Check ■ N	n 1 year before you filed for bankrupt all that apply and fill in the details below.		perty repossessed, f	oreclosed, garnis	hed, attached	I, seized, or levied?
		es. Fill in the information below.	Describe the Property	,	Date		Value of the
	0.00	nor riamo ana riam oco	Explain what happen		24.0		property
	accou	n 90 days before you filed for bankru Ints or refuse to make a payment bed		cluding a bank or fir	nancial institution	, set off any a	mounts from your
[es. Fill in the details.	Doscribo the setion th	o croditor took	Doto	action was	Amount
	crea	itor Name and Address	Describe the action the	ie creditor took	Date a	action was	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

taken

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Case number (if known) Document Debtor 1 Deborah K Dunn

Pa	t 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.									
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value						
	Person to Whom You Gave the Gift and Address:									
14.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or cont	ccy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?						
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Dates you contributed	Value						
Pai	t 6: List Certain Losses									
15.	Within 1 year before you filed for bankruptor gambling? ■ No □ Yes. Fill in the details.	y or since you filed for bankruptcy, did you lose any	thing because of thef	t, fire, other disaster,						
	how the loss occurred	escribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost						
Pa	t 7: List Certain Payments or Transfers									
16.	consulted about seeking bankruptcy or pre	cy, did you or anyone else acting on your behalf pay oparing a bankruptcy petition? parers, or credit counseling agencies for services require		rty to anyone you						
	No No Sill in the details									
	Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment						
	Edward R. Shaw, Atty 722 South 6th Street Brainerd, MN 56401 www.edshawlaw.com	Legal Services	02.07.19	\$1,167.50						
	Edward R. Shaw, Atty 722 South 6th Street Brainerd, MN 56401 www.edshawlaw.com	Legal Services	Unknown at this time	\$1,167.50						
	Dollar Learning Found, Inc. Online www.dollarbk.org	Credit Counseling	03/18/19	\$17.94						

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Debtor 1 Deborah K Dunn

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No									
	Yes. Fill in the details. Person Who Was Paid Address	Description and v transferred	alue of any propo	erty	Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No									
	Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you	Description and v property transfer			iny property or received or debts change	Date transfer was made				
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.		y property to a se	elf-settled tru	st or similar device	of which you are a				
	Name of trust	Description and v	alue of the prope	erty transferre	ed	Date Transfer was made				
Par	List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Stor	age Units						
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accour	nts; certificates o	f deposit; sh						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accoun instrument	clo: mo	e account was sed, sold, ved, or	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		escribe the o	contents	Do you still have it?				
22.	Have you stored property in a storage unit o ■ No □ Yes. Fill in the details.	r place other than your	home within 1 ye	ear before yo	u filed for bankrupto	y?				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the o	contents	Do you still have it?				

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Debtor 1 Deborah K Dunn

Par	t9: Identify Property You Hold or Control for	Someone Else							
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in t for someone.									
	□ No								
	Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value					
	Damian Dunn 6582-157th St. W Apple Valley, MN 55124	Affinity Plus	checking acct #2742 Debtor is listed as a signer on the account; does not have ownership of any funds	\$38.97					
Par	t 10: Give Details About Environmental Inform	ation							
For	the purpose of Part 10, the following definitions	apply:							
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	nir, land, soil, surface water, groun	- ·						
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	•	law, whether you now own, operate,	or utilize it or used					
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,					
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.						
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	■ No								
	Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Par	t11: Give Details About Your Business or Cor	nnections to Any Business							
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have a	ny of the following connections to an	y business?					
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time						
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing execu	tive of a corporation							

Case 19-50324 Doc 1 Filed 04/19/19 Entered 04/19/19 12:14:22 Page 45 of 63 Document ase number (if known) Debtor 1 Deborah K Dunn ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Deborah K Dunn Signature of Debtor 2 Deborah K Dunn Signature of Debtor 1 Date April 19, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
- . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	mation to identify your	case:		
Debtor 1	Deborah K Dunn			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	DISTRICT OF MI	NNESOTA	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Fo	rm 108			
Statemer	nt of Intentio	n for Indiv	riduals Filing Under Chapt	er 7 12/15
Otatemer	it or intentio	ii ioi iiiaiv	riduals i lillig Offact Offapt	12/13
If you are an indi	ividual filing under cha	pter 7. vou must fil	l out this form if:	
	e claims secured by yo			
vou have leas	sed personal property a	and the lease has n	ot expired.	
You must file this	s form with the court v	vithin 30 days after	you file your bankruptcy petition or by the date s	
whiche on the t		ne court extends th	e time for cause. You must also send copies to the	ne creditors and lessors you list
· · · · · · · · · · · · · · · · · · ·				
	eople are filing togethe nd date the form.	r in a joint case, bo	th are equally responsible for supplying correct i	nformation. Both debtors must
•				
			s needed, attach a separate sheet to this form. On	the top of any additional pages,
write yo	our name and case nu	mber (if known).		
Part 1: List Yo	our Creditors Who Hav	e Secured Claims		
4. 5	(b4 ll-41 ln B		On different Wiles Have Obside On comme diversity	(O()-1-1 F 100D) (III in the
information be		art 1 of Schedule D	: Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
Identify the cre	editor and the property t	that is collateral	What do you intend to do with the property that	
			secures a debt?	as exempt on Schedule C?
Creditor's A	ffinity Plus Fed. Cre	ed Un.	☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	<u>_</u>
Description of	2012 GMC Terrain	84 000 miles	Retain the property and enter into a	■ Yes
property	VIN:	04,000 IIIIes	Reaffirmation Agreement.	
securing debt:			■ Retain the property and [explain]: Retain & Pay	
coodining dobit			Netani G i ay	
Creditor's M	lazda Capital Servic	es / Chase	☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.	
Description of	2040 Manda DV0 0	E 000 miles	Retain the property and enter into a	Yes
property	2010 Mazda RX8 8 VIN:JM1FE1C48A		Reaffirmation Agreement.	
securing debt:	Leastion, F224 Fa		Retain the property and [explain]:	
securing uest.	Baxter MN 56425	•	Retain & Pay	_
Creditor's S	pecialized Loan Ser	vicing LLC	■ Surrender the property.	■ No
name:		-	Retain the property and redeem it.	
			☐ Retain the property and enter into a	☐ Yes
Description of			Reaffirmation Agreement.	
	56425 Crow Wing	County		

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor 1 Debo	rah K Dunn	Case number (if known)			
property securing debt:	Legal Description: (Abstact) Crow Wing County, Minnesota	☐ Retain the property and [explain]:			
	Lot Thirteen (13),Sears White Sand Shores				
	together with all hereditaments and appuirtenances belonging thereto, subject to		_		
Creditor's V o	olkswagon Credit	■ Surrender the property.□ Retain the property and redeem it.	■ No		
Description of property securing debt:	2015 Passat Volkswagon 37,000 miles VIN#: 1VWBS7A32FC060709 Location: 6582 157th St. W, Apple Valley, MN 55124	☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:	☐ Yes		
For any unexpire in the information You may assume	n below. Do not list real estate leases. Und an unexpired personal property lease if t	in Schedule G: Executory Contracts and Unexpire expired leases are leases that are still in effect; the he trustee does not assume it. 11 U.S.C. § 365(p)(e lease period has not yet ended.		
Describe your u	nexpired personal property leases		Will the lease be assumed?		
Lessor's name: Description of lea Property:	sed		□ No □ Yes		
Lessor's name: Description of lea	sed.		□ No		
Property:	Seu		☐ Yes		
Lessor's name: Description of lea	sed		□ No		
Property:			☐ Yes		
Lessor's name: Description of lea	sed		□ No		
Property:			☐ Yes		
Lessor's name: Description of lea	sed		□ No		
Property:			☐ Yes		
Lessor's name:	eod.		□ No		
Description of lea Property:	ocu		☐ Yes		
Lessor's name: Description of lea	sed.		□ No		
Property:			☐ Yes		
Part 3: Sign B	elow				

Official Form 108

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Deb	otor 1	Deborah K Dunn	Case number (if known)
	•	Ity of perjury, I declare that I have indi at is subject to an unexpired lease.	icated my intention about any property of my estate that secures a debt and any personal
X		borah K Dunn	X
	Debo	rah K Dunn	Signature of Debtor 2
	Signat	ure of Debtor 1	
	Date	April 19, 2019	Date

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LOCAL FORM 1007-1 REVISED 06/16

United States Bankruptcy Court District of Minnesota

In re	Deborah K Dunn			Case No.		
		Debtor(s)		Chapter	_7_	
	DISCLOSURE OF COMPE	NSATION OF A	ΑΊ	TTORNEY FOR	DEBT	ΓOR
paid t	Pursuant to 11 U.S.C. § 329(a) and Fed. Ba or(s) and that compensation paid to me within o to me, for services rendered or to be rendered or ruptcy case is as follows:	ne year before the	e fil	ling of the petition is	n bank	cruptcy, or agreed to be
Prior	egal Services, I have agreed to accept	\$	2,	,000.00 ,000.00 .00		- - -
2.	The source of the compensation paid to me was ■ Debtor □ C	s: Other (specify)				
3.	The source of the compensation to be paid to m ■ Debtor □ C	ne is: Other (specify)				
	■ I have not agreed to share the above-disclostiates of my law firm.	sed compensation	wi	th any other person	unles	s they are members and
assoc	☐ I have agreed to share the above-disclosed cliates of my law firm. A copy of the agreemen empensation, is attached.					
	In return for the above-disclosed fee, togethered by 11 U.S.C. §528(a)(1), I have agreed to re-			•		
	A. Analysis of the debtor's financial situation petition in bankruptcy;	, and rendering ac	ıdvi	ice to the debtor in	deterr	nining whether to file a
	B. Preparation and filing of any petition, sched	ules, statements of	of at	ffairs and plan which	h may	be required;
	C. Representation of the debtor at the meeting thereof;	g of creditors and	d c	onfirmation hearing	, and	any adjourned hearings
	D. Representation of the debtor in contested ba	nkruptcy matters;	; an	d		
	E. Other services reasonably necessary to repre	esent the debtor(s)).			

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the

best of my knowledge.

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LOCAL FORM 1007-1 REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: April 19, 2019
Signature of Attorney
/s/ Edward R. Shaw
Edward R. Shaw 0262912

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Fill in this in	formation to identify your case:					rected in this form and	d in Form
Debtor 1	Deborah K Dunn		12	2A-1Sup	pp:		
Debtor 2				■ 1 Th	oro io no nroo	umption of abuse	
(Spouse, if filing				_	•	·	
United State	es Bankruptcy Court for the: District of Minneson	ota				o determine if a presul nade under <i>Chapter</i> 7	
Case numbe	er					cial Form 122A-2).	7001
(if known)						does not apply now be service but it could a	
				☐ Che	ck if this is a	n amended filing	
Official	Form 122A - 1						
	r 7 Statement of Your Cui	rent Mor	nthly Inc	come	<u>.</u>		12/15
attach a separ case number qualifying mil	te and accurate as possible. If two married people rate sheet to this form. Include the line number to v (if known). If you believe that you are exempted fro itary service, complete and file Statement of Exempted Calculate Your Current Monthly Income	vhich the additior m a presumption	nal information a of abuse becau	applies. (use you d	On the top of ar to not have prin	ny additional pages, wri narily consumer debts o	te your name and or because of
1. What i	s your marital and filing status? Check one or	nly.					
☐ Not	married. Fill out Column A, lines 2-11.						
☐ Mar	ried and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.			
■ Mar	ried and your spouse is NOT filing with you.	You and your s	spouse are:				
	iving in the same household and are not lega	ally separated.	Fill out both Co	olumns A	and B, lines 2	2-11.	
ļ r	iving separately or are legally separated. Fill benalty of perjury that you and your spouse are living apart for reasons that do not include evading	egally separated	d under nonbar	nkruptcy	law that applie	es or that you and you	
101(10A). the 6 mont	average monthly income that you received from all For example, if you are filing on September 15, the 6-m hs, add the income for all 6 months and divide the total wn the same rental property, put the income from that p	nonth period would I by 6. Fill in the res	be March 1 thro sult. Do not inclu	ugh Augu de any ind	st 31. If the amo	unt of your monthly incor ore than once. For examp	ne varied during ble, if both
				Columi Debtoi		Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commission	ons (before all	\$	3,505.69	\$	
	ny and maintenance payments. Do not include n B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you from ar and roo	ounts from any source which are regularly pa or your dependents, including child support a unmarried partner, members of your household ommates. Include regular contributions from a sp . Do not include payments you listed on line 3.	. Include regular d, your depender	contributions nts, parents,	\$	0.00	\$	
5. Net inc	come from operating a business, profession,						
			otor 1				
	receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	ry and necessary operating expenses		Copy here ->	. \$	0.00	\$	
	onthly income from a business, profession, or far come from rental and other real property		copy noic >	Ψ		Ψ	
O. NECHIO	Joine it office that and other real property	Deb	otor 1				
Gross	receipts (before all deductions)	\$ 0.00					
	ry and necessary operating expenses	-\$ 0.00					
	onthly income from rental or other real property	\$ 0.00	Copy here ->	•\$	0.00	\$	
7. Interes	st, dividends, and royalties			\$	0.00	\$	

Official Form 122A-1

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Debtor 1 Deborah K Dunn Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing s	pouse	
8.	Unemployment compensation			\$	0.00	\$		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a benef	it under					
		0.0	00					
	For you \$ For your spouse \$							
9.	Pension or retirement income. Do not include any ambenefit under the Social Security Act.		s a	\$	0.00	\$		
10.	Income from all other sources not listed above. Spen Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hum domestic terrorism. If necessary, list other sources on a total below.	ecurity Act or paymen nanity, or international separate page and pu	ts or	\$	0.00	¢		
	•		_	Φ	0.00	Φ		
				\$	0.00	\$		
	Total amounts from separate pages, if any.		+	\$	0.00	\$		
11.	Calculate your total current monthly income. Add lin each column. Then add the total for Column A to the tot	es 2 through 10 for al for Column B.	\$	3,505.69	+ \$		= \$	3,505.69
							Total o	current monthly
Part	2: Determine Whether the Means Test Applies to	You						
12.	Calculate your current monthly income for the year.	Follow these steps:						
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 h	nere=>	\$	3,505.69
	Multiply by 12 (the number of months in a year)						X	
	12b. The result is your annual income for this part of the	e form				12b.	\$	42,068.28
13.	Calculate the median family income that applies to y	ou. Follow these step	s:					
	Fill in the state in which you live.	MN						
	Fill in the number of people in your household.	1						
	Fill in the median family income for your state and size of	of household.	'Cl		- ' (13.	\$	58,443.00
	To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankr		pecified	in the separat	e instruc	tions		
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	eck box	1, There is no	o presum	ption of abuse		
	14b. Line 12b is more than line 13. On the top o Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2,	The pre	esumption of a	abuse is (determined by	Form 1	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information or	this sta	atement and ir	any atta	achments is tru	e and c	orrect.
	χ /s/ Deborah K Dunn							
	Deborah K Dunn Signature of Debtor 1							
	Date April 19, 2019 MM / DD / YYYY							
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.						
	If you checked line 14b, fill out Form 122A-2 and fil	le it with this form.						

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Debtor 1 Deborah K Dunn Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer : Club Demonstration Svcs Inc

Constant income of \$158.51 per month.*

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Trident Seafoods

Constant income of \$3,347.18 per month.*

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Debtor 1 Deborah K Dunn Case number (if known)

*Paycheck Details:

Club Demonstration Svcs Inc

Date	Earnings	Overtime	Taxes	Other	Net Check
2018-11-13	44.28	0.00	3.40	0.00	40.88
2018-11-27	196.08	0.00	26.03	0.00	170.05
2018-12-11	202.40	0.00	27.47	0.00	174.93
2018-12-24	135.99	0.00	12.86	0.00	123.13
2019-01-08	69.58	0.00	5.32	0.00	64.26
2019-02-05	75.90	0.00	5.81	0.00	70.09
2019-02-19	75.90	0.00	5.81	0.00	70.09
2019-03-05	75.90	0.00	5.80	0.00	70.10
2019-03-19	75.00	0.00	0.00	0.00	75.00
Totals:	951.03	0.00	92.50	0.00	858.53
Trident Seafoods					
Date	Earnings	Overtime	Taxes	Other	Net Check
2018-10-12	55.00	0.00	0.00	55.00	0.00
2018-10-26	721.79	0.00	0.00	721.79	0.00
2018-11-09	1,390.58	0.00	187.82	562.61	640.15
2018-11-23	1,388.02	0.00	210.34	502.27	675.41
2018-12-07	1,403.97	99.12	231.04	502.27	769.78
2018-12-21	1,422.20	737.01	412.09	502.27	1,244.85
2019-01-04	1,573.26	320.86	333.53	502.27	1,058.32
2019-01-18	1,351.66	603.27	345.31	518.97	1,090.65
2019-02-01	1,566.42	646.43	421.17	518.97	1,272.71

2019-02-15

2019-03-01

2019-03-15

2019-03-29

1,566.42

1,429.70

1,560.73

1,321.63

332.40

503.73

88.86

0.00

330.31

339.57

263.78

304.03

1,049.54

1,074.89

1,017.60

10,760.74

866.84

518.97

518.97

518.97

0.00

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	5	filing fee	
\$7	5	administrative fee	
+ \$1	5_	trustee surcharge	
\$33	5	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-50324 Doc 1 Filed 04/19/19 Entered 04/19/19 12:14:22 Desc Main Document Page 59 of 63

United States Bankruptcy Court District of Minnesota

		District of Minnesota		
In re	Deborah K Dunn		Case No.	
		Debtor(s)	Chapter	7
	X/I-1			
	VEF	RIFICATION OF CREDITOR N	VIAIKIX	
Γhe ab	ove-named Debtor hereby verifie	es that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
Date:	April 19, 2019	/s/ Deborah K Dunn		
		Dehorah K Dunn		

Signature of Debtor

AFFINITY PLUS FED. CRED UN. 175 W LAFAYETTE FRONTAGE RD SAINT PAUL MN 55107

ALLTRAN HEALTH INC. PO BOX 519 SAUK RAPIDS MN 56379

BRAINERD MEDICAL SUPPLY 206 WEST WASHINGTON ST. BRAINERD MN 56401

CAPITAL ONE BANK PO BOX 30285 SALT LAKE CITY UT 84130

CENTRAL LAKES INS. BKRS 4820 W 77TH
MINNEAPOLIS MN 55435

CHASE CARDMEMBER SERVICES PO BOX 6294 CAROL STREAM IL 60197-6294

CITI CARDS-COSTCO PO BOX 9001016 LOUISVILLE KY 40290-1016

CITIBANK PO BOX 6190 SIOUX FALLS SD 57117

COLLECTION RESOURCES 2700 1ST ST NORTH, STE 303 P.O. BOX 2270 SAINT CLOUD MN 56302-2270 COMENITY - HERBERGER'S BANKRUPTCY DEPT. PO BOX 182125 COLUMBUS OH 43218-2125

CREDIT ADJUSTMENTS INC. PO BOX 807 DEFIANCE OH 43512

DS ERICKSON & ASSOCIATES 920 SECOND AVE S., SUITE 800 MINNEAPOLIS MN 55402

ESSENTIA HEALTH
PO BOX 64618
SAINT PAUL MN 55164-0618

INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA PA 19101-7346

KOHL'S PMT CENTER PO BOX 2983 MILWAUKEE WI 53201-2983

LAKEWOOD HEALTH SYSTEM 49725 COUNTY 83 PO BOX 130 STAPLES MN 56479-0130

LOANDEPOT PO BOX 77404 EWING NJ 08628

MAZDA CAPITAL SERVICES / CHASE PO BOX 78232 PHOENIX AZ 85062-8232 MN DEPT. OF REVENUE PO BOX 64054 SAINT PAUL MN 55164-0054

NORTHERN ORTHOPEDICS, LTD. 2014 S 6TH ST BRAINERD MN 56401

PUBLISHERS CLEARING HOUSE PO BOX 6343 HARLAN IA 51593-1843

SPECIALIZED LOAN SERVICING LLC PO BOX 636007 LITTLETON CO 80163-6007

SYNC/HOME DEPOT/CE/APPL PO BOX 965036 ORLANDO FL 32896

SYNC/MUSICIANS FRIENDS PO BOX 965036 ORLANDO FL 32896

SYNCB/NAUTILUS PO BOX 965036 ORLANDO FL 32896

SYNCHRONY BANK/DISCOUNT TIRES ATTN: BANKRUPTCY DEPT. PO BOX 965061 ORLANDO FL 32896-5061

SYNCHRONY BANK/WALMART PO BOX 530927 ATLANTA GA 30353-0927

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VOLKSWAGON CREDIT PO BOX 5215 CAROL STREAM IL 60197-5215

VOLKSWAGON CREDIT 22823 NW BENNETT ST. HILLSBORO OR 97124

VOLKSWAGON CREDIT INC. 1401 FRANKLIN BLVD LIBERTYVILLE IL 60048